1	(Column 1)			10 718,420
6ASIC FEE (37 OFR 1.16(a))	NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY	OR OTHER THAI
(37 CFR 1.16(c))	37 minus 20 -	- CITCATRA	RATE FEE	RATE FE
INDEPENDENT CLAIMS (37 CFR 1.16(b)) MULTIPLE DESCRIPTION	6 minus		x s 25 = s	OR x 50
N COCHENDENT	CLAIMPRESENT (37 CFR	1.16(0)]	x s 100= + s 180=	OR x s 200
CLA	mn 1 is less (han zero, en(er -0-	in column 2.	TOTAL	OR + 360
· · · · · · · · · · · · · · · · · · ·	Column 1)			OR TOTAL
Total Total (31 cër 1.14(c)) Independent (31 cer 1.16(b))	EMAINING HIGH	HEST ABER OUSLY FOR =	+ s 180=	OR OTHER THAN SMALL ENTITY RATE ADDITIONAL FEE OR x 5 50 = OR x 5 200
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Total Total O three treets I hodependent	ER NUMBER	EXTRA X	RATE ADDI. TIONAL FEE	RATE ADDI- TIONAL FEE
FIRST PRESENTATION OF I	CLIBLE DEPENDENT CLAIM (31	CFR 1.16(d)1	5 10Q OR	× 5 200
"If the entry in column 1 is less than the entry in column 2, write '0' in column 3. "If the 'Highest Number Previously Paid For IN THIS SPACE is less than 20, enter '20'. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS				
	you need assistance in completi	ing the form, cell 1-800.PF	450. 0-9199 and select option ?	MPLETED FORMS TO THIS

If you need assistance in completing the form, call 1.800.P FO.9199 and select option 2